MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012113

STATE FILE NUMBER

Registration District No. _156_ Primary Registration District No. _2001_ Registrar's No. _165_

FILED APR 1 1963

1. **PLACE OF DEATH**
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Joplin
Length of stay in 1b: 1 day
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Johns Hospital Inside Limits: Yes ☒ No ☐

2. **USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY: Jasper
c. CITY OR TOWN: Joplin Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R. 3 Reside on Farm: Yes ☐ No ☒

3. **NAME OF DECEASED** (Type or print)
First: Matthew Middle: Price Last: Inman

4. **DATE OF DEATH** — Month: March Day: 24 Year: 1963

5. SEX: M
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3/23/1963
9. AGE (last birthday): — IF UNDER 1 YEAR: Months —, Days — IF UNDER 24 HR: Hours 21, Min. 33

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Joplin, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John P. Inman, Jr.
13b. MOTHER'S MAIDEN NAME: Barbara C. Dawson
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT — Address: John P. Inman, Jr., R. 3, Joplin, Mo.

18. **CAUSE OF DEATH** (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Edema lungs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Rh incompatibility with mother birth
DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH: 12 hours

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a):

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY — Hour: a.m. p.m. Month, Day, Year:
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
20f. CITY, TOWN, OR LOCATION: COUNTY: STATE:

21. I attended the deceased from _23 Mar '63_ to _24 Mar '63_ and last saw her/him alive on _8³⁰pm 23 Mar '63_
Death occurred at _8⁰⁷am 24 Mar '63_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Katharine Riehl, M.D.
22b. ADDRESS: Joplin, Mo.
22c. DATE SIGNED: 25 Mar '63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3/26/1963
23c. NAME OF CEMETERY OR CREMATORY: Mount Hope Cemetery
23d. LOCATION (City, town, or county): Webb City, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Hedge-Lewis Funeral Home, Webb City, Mo.
25. DATE RECD. BY LOCAL REG.: 3-26-1963
26. REGISTRAR'S SIGNATURE: Dove Merriam

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____   Signed _Richard Troy Lewis_
        Signature of Student Embalmer

Licensed Embalmer No. _4405_

P. O. Address _Webb City, Mo_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.